



**Kansas Department of Health and Environment**  
**Bureau of Air and Radiation**  
**Phone (785) 296-1570 Fax (785) 291-3953**

**Notification of Construction or Modification**

(K.A.R. 28-19-300 Construction permits and approvals; applicability)

Check one: ☐ Applying for a Permit under K.A.R. 28-19-300(a) ☒ Applying for an Approval under K.A.R. 28-19-300(b)\*

1) Source ID Number: 1869999

2) Mailing Information:

Company Name: XYZ Energy

Address: PO Box 99999

City, State, Zip: Smalltown, KS 99999

3) Source Location:

Street Address: 2999 Smith Road

City, County, State, Zip: Smalltown, Angus County, KS 99999

Section, Township, Range: SE ¼ Section 1 Township 24 Range 15

Latitude & Longitude Coordinates: 38° 59' 59" N., 100° 59' 59" W.

4) NAICSC/SIC Code (Primary): 21111/1311

5) Primary Product Produced at the Source: Natural Gas

6) Would this modification require a change in the current operating permit for your facility? ☒ Yes ☐ No

If no, please explain:

7) Is a permit fee being submitted? ☐ Yes ☒ No

If yes, please include the facility's federal employee identification number (FEIN #)

8) Person to Contact at the Site: John Doe Phone: (620) 555-9999

Title: Area Superintendent

9) Person to Contact Concerning Permit: Jane Doe Phone: ( 620 ) 555-9999

Title: Environmental Officer

Email: jane.doe@inter.net Fax: ( 620 ) 555-8888

Please read before signing:

Reporting forms provided may not adequately describe some processes. Modify the forms if necessary. Include a written description of the activity being proposed, a description of where the air emissions are generated and exhausted and how they are controlled. A simple diagram showing the proposed activity addressed in this notification which produces air pollutants at the facility (process flow diagrams, plot plan, etc.) with emission points labeled must be submitted with reporting forms. Information that, if made public, would divulge methods or processes entitled to protection as trade secrets may be held confidential. See the reverse side of this page for the procedure to request information be held confidential. A copy of the Kansas Air Quality Statutes and Regulations will be provided upon request.

Name and Title : John Doe, Area Superintendent

Address: 2999 Smith Road, Smalltown, KS, 99999

Signature: John Doe Date: 12 / 31 / 2009 Phone: (620 ) 555-9999

\* If you do not know whether to apply for a permit or an approval, follow approval application procedures.

# **Procedures For Requesting Information To Be Held Confidential**

An applicant may request that information submitted to the Department, other than emission data or information in any air quality permit or approval, be treated as confidential if the information would divulge methods or processes entitled to protection as trade secrets.

A request to designate information within the Department's air quality files as confidential must include:

- (1) An uncensored copy of the document clearly marked as confidential;
- (2) A copy of the document, or copies if more than one is required to be filed with the Department, with the confidential information masked;
- (3) Specification of the type of information to be held as confidential (i.e., product formulations, process rates);
- (4) Specification and justification of the reason the information is qualified by statute to be treated as confidential (competitive advantage, company developed secret formulation, trade secret); and
- (5) A reference at each place in the document or documents where information is masked referring to the specification of the type of information masked and the specification and justification the information is qualified by statute to be treated as confidential.

**ONLY THE CONFIDENTIAL INFORMATION ON ANY DOCUMENT MAY BE MASKED. ALL INFORMATION ON ANY DOCUMENT WHICH IS NOT CONFIDENTIAL MUST REMAIN LEGIBLE.**

The information will be treated as confidential until the secretary has acted upon the request and the owner or operator has had the opportunity to exhaust any available remedies if the secretary determines the information is not confidential.

Complete this and all reporting forms and submit to:

Kansas Department of Health and Environment  
Bureau of Air and Radiation  
1000 SW Jackson, Suite 310  
Topeka, KS 66612-1366  
(785) 296-1570

Sources located in Wyandotte County should obtain forms from, and submit forms to:

Unified Government of Wyandotte County  
Department of Air Quality  
619 Ann Avenue  
Kansas City, KS 66101  
(913) 573-6700

# CALCULATING THE CONSTRUCTION PERMIT APPLICATION FEE

[These requirements are found at K.A.R. 28-19-304(b).]

Calculate the construction permit application fee as follows: This page is Not Applicable since this is a construction approval.

Estimated capital cost of the proposed activity for which the application is made, including the total cost of equipment and services to be capitalized.

**Line 1** \$ \_\_\_\_\_

Multiply by .05% (.0005)

x \_\_\_\_\_ .0005

Total

**Line 2** \$ \_\_\_\_\_

**If Line 2 is less than \$100, enter \$100 on Line 3.**

If Line 2 is greater than \$4,000, enter \$4,000 on Line 3.

Otherwise, copy Line 2 to Line 3.

**Construction permit application fee.**

**Line 3** \$ \_\_\_\_\_

Minimum fee is \$100

\_\_\_\_\_  
(Print)

Certifier of Capital Cost

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Date

K.A.R. 28-19-350 is a complex regulation pertaining to prevention of significant deterioration (PSD). An additional fee of \$1,500 will be required if a PSD review is necessary. If you believe the proposed activity in this Notification of Construction or Modification will be subject to the requirements of K.A.R. 28-19-350, contact the Department for further evaluation.

For purposes of construction permit or approval applications, the following are not considered modifications:

1. Routine maintenance or parts replacement.
2. An increase or decrease in operating hours or production rates if:
  - a. production rate increases do not exceed the originally approved design capacity of the stationary source or emissions unit; and
  - b. the increased potential-to-emit resulting from the change in operating hours or production rates do not exceed any emission or operating limitations imposed as a permit condition.



**Kansas Department of Health and Environment  
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**STATIONARY INTERNAL COMBUSTION ENGINES**

- 1) Source ID Number : 1869999
- 2) Company/Source Name: XYZ Energy
- 3) Type of Engine: Turbine \_\_\_\_\_ ; Reciprocating U ; Other \_\_\_\_\_
- 4) Engine Manufacturer : Ajax  
Model No.: DPC 360  
Date of Manufacture: 1981  
Serial No.: 22446688
- 5) Use of Engine: Electric power generation \_\_\_\_ ; Compressor U ; Pump \_\_\_\_ ; Other - describe \_\_\_\_\_
- 6) Maximum Brake horsepower at continuous rating: 360 BHP  
Normal operating engine speed: 400 RPM  
Rated Brake Horsepower at normal operating RPM: 340 BHP  
or  
Maximum Generator Nameplate Capacity: N/A kW  
Maximum design heat input rate: N/A BTU/hr
- 7) Operating schedule: 8760 hrs per year
- 8) Date of Installation: 6-29-2003  
Date of Last modification: N/A

**TURBINES**

- 9) Type of Gas Turbine: Simple cycle \_\_\_\_\_ ; Co-generation \_\_\_\_\_ ; Regenerative \_\_\_\_\_ ; Combined cycle \_\_\_\_\_

## STATIONARY INTERNAL COMBUSTION ENGINES

(cont.)

10) Fuel data for all the different types of fuel to be used :

- a) Fuel Type \_\_\_\_\_ ; Sulfur content % by weight \_\_\_\_\_ ;  
Lower heating value \_\_\_\_\_ BTU per cu ft; **or** \_\_\_\_\_ BTU per lb; **or** \_\_\_\_\_ BTU per gallon
- b) Fuel Type \_\_\_\_\_ ; Sulfur content % by weight \_\_\_\_\_ ;  
Lower heating value \_\_\_\_\_ BTU per cu ft; **or** \_\_\_\_\_ BTU per lb; **or** \_\_\_\_\_ BTU per gallon
- c) Fuel Type \_\_\_\_\_ ; Sulfur content % by weight \_\_\_\_\_ ;  
Lower heating value \_\_\_\_\_ BTU per cu ft; **or** \_\_\_\_\_ BTU per lb; **or** \_\_\_\_\_ BTU per gallon

11) Heat recovery unit or steam generator unit installed? Yes \_\_\_\_\_; No \_\_\_\_\_

Supplementary fired ? Yes \_\_\_\_\_; No \_\_\_\_\_ If yes, type of fuel used: \_\_\_\_\_

Capacity of the burner \_\_\_\_\_ gals per hr

Fuel heating value \_\_\_\_\_ BTU per cu ft or gal

Sulfur content of fuel by weight \_\_\_\_\_ %; Please attach complete supplementary fuel oil/distillate analysis.

12) Emission control system(s) used: Water injection \_\_\_\_\_ ; Steam injection \_\_\_\_\_ ;

Selective Catalytic reduction with Water injection \_\_\_\_\_ ; Selective catalytic reduction \_\_\_\_\_ ;

Describe Selective Catalytic emission reduction control installed: \_\_\_\_\_

Manufacturer's name: \_\_\_\_\_ Model No.: \_\_\_\_\_

POLLUTANT	MANUFACTURER'S REDUCTION EFFICIENCY %

13) Did construction, modification, or reconstruction commence after October 3, 1977? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, this facility may be subject to NSPS, 40 CFR 60, Subpart GG.

**STATIONARY INTERNAL COMBUSTION ENGINES**  
**(cont.)**

**RECIPROCATING ENGINES**

14) Engine design details:

Number of cylinders 2

Aspiration: Normal X ; Turbo charged \_\_\_\_\_

Ignition: Spark X ; Compression \_\_\_\_\_

Design class 2 cycle lean burn \_\_\_\_\_ ; 4 cycle lean burn \_\_\_\_\_ ; 4 cycle rich burn X

15) 2 or 4 cycle lean burn with combustion modification, increased air/fuel ratio and intercooling ?

Yes \_\_\_\_\_ ; No X

If yes, attach the guaranteed performance of the conversion supplier **or** the actual monitored performance, and the engine operating conditions for the guarantee of performance.

16) Type of integral emission control: Selective Catalytic Reduction \_\_\_\_\_ ;

Non Selective Catalytic Reduction \_\_\_\_\_ ; Combustion Reduction \_\_\_\_\_ (Describe) \_\_\_\_\_ ;

None X

17) Fuel(s): Gasoline \_\_\_\_\_ ; Diesel \_\_\_\_\_ ; Natural Gas X ; Dual fuel \_\_\_\_\_

18) Fuel Heating Value: Gasoline \_\_\_\_\_ BTU per gal; Diesel \_\_\_\_\_ BTU per gal;

Natural Gas 1028 BTU per cu ft ; Dual fuel mix \_\_\_\_\_ % diesel \_\_\_\_\_ % natural gas

Sulfur content of diesel by weight \_\_\_\_\_ %

**APPLICABLE TO ALL STATIONARY INTERNAL COMBUSTION ENGINES**

19) Enclose available engine manufacturer's emissions data.

20) For emission control equipment, use the appropriate CONTROL EQUIPMENT form and duplicate as needed.

Be sure to indicate the emission unit that the control equipment is affecting.